,				•		• •	588
PLACE OF BIRTH	ARIZON	AA S	TATE E	BOA	RD OF	HEA	LTH
County of Silca	BUREAU OF V	ITAL SI	CATISTICS	1	State	Index N	0
District of Vountelman & Mayor	GINAL CERT	TIFICAT	E OF BIR			egister N	
Town of Winkelman					Local Regi	strar's N	o <i>I</i>
or City of (N	0				St;		Ward)
FULL NAME OF CHILD Vargues. If child is not named, make Supplementa	Padilla I Report on bla				gistrar.	Born Alive	YES
Sex of Temale Twin, Triplet or other	and Number in orde of birth	г 👠	Legiti (p)	Date Birth	(Month)	(Day)	191 / . (Yr.)
Full Santiagy Bro	reamote	Full Maider Name	120	MOT Le	L B	Pad	illa
Residence Whiledown,	aris.	Reside	nce (Win	inhal		
Color Age at last or Race Myn Birthday	(Years)	Color or Rac	co Men	ui	Age at Birthd	lay	Years)
Birthplace Myno		Birthp	lace	N	<i>V.</i>		
Occupation Rancher		Occup	ation /		ufe		
Number of child of this mather 764 Number of Children, o	f this mother, now living	4	Were precaution	s taken aga	inst Ophthalmia ne	eonatorum?	Des
CERTIFICATE O	F ATTENDIN	G PHYS	ICIAN OR	MID	WIFE*		P
I hereby certify that I attended the birth	of the above chi	ild; and t	hat it occuri	red on	Feb. 6	_191 <u>/</u> _, a	2.65 M.
When there is no attending physician or midwife, then the householder should make this return.		(Signatur	$_{e}$ \mathcal{M} .	4.	Man ician, midw	den ite, house	holder.)
· Given or Christian name added from a		Ae	ddress	rock	edino		
supplemental report191	Filed Feb	1917	_ .		LOCAL	KEGIST	rar.
525-206-811 COUNTY REGISTRAR.	Filed MAM	161917	True Copy 	0	COUNTY	A REGIS	rar.